MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03087

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbot — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — MARYLAND — LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Christine (Last) Bartlett

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1949

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Feb 19, 1885 — 9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Maryland Baltimore — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Kelly — 14. MOTHER'S MAIDEN NAME: Mary E. Dietz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. ✓ — 17. INFORMANT: William E. Bartlett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 hour

922 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension and Valvular heart — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1939, to March, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at Easton m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wellesley D. Seymour M.D. — ADDRESS Easton, Md. — DATE SIGNED 3/24/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE March 25th — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton — (State) Md.

DATE REC'D BY LOCAL REG. 3/24/49 — REGISTRAR'S SIGNATURE N. H. Nevitt — 24. FUNERAL DIRECTOR — ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 5 1949
BUREAU F. S.

Evidence for addition of cause of death:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03008

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Trappe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Trappe, Md.
STREET ADDRESS (If rural, give location) R. F. D.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Bennett (Last)

4. DATE OF DEATH: (Month) Mar. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: A A

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1888

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Laborer

11. BIRTHPLACE (State or foreign country): Trappe, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Bennett

14. MOTHER'S MAIDEN NAME: Mariam Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Percy Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days.

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension (4/29/49 S) — 6 mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1949, to March 12, 1949, that I last saw the deceased alive on March 12, 1949, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hayward T. Webb ADDRESS: Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 3/16/49 NAME OF CEMETERY OR CREMATORY: Trapke LOCATION (City, town, or county): Trapke (State): Md.

DATE REC'D BY LOCAL REG. 3/15/49 REGISTRAR'S SIGNATURE: A. A. Reeves

24. FUNERAL DIRECTOR: Lewis Bayhenm ADDRESS

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03009

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Blackstone

4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Dont known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Raymond Blackstone

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Congestive heart failure	3 wk
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 25, 1949, to March 31, 1949, that I last saw the deceased alive on March 31 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE J. Edwin Fassett (Degree or title) M.D. ADDRESS 300 Main Cambridge Md DATE SIGNED 4-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Trappe
DATE April 2
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State)

DATE REC'D BY LOCAL REG. 4/2/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR Lewis Baynum ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 12 1949
BUREAU V. S.

03010

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe, md. | LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Trappe, md, R.F.D

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maggie	Ann	Camper	Mar	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
female	Col	Widow	Aug 15, 1856	92 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	Baltimore md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Tripp	Dont know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Sarah Boot

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility -	
450.0 Antecedent cause(s)		
97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Whitby	M.D.	Easton Md	3-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 16	Trappe Cemetery	Trappe Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/15/49	N. A. Nevius	Lewis M Baynum	Cambridge Md

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK.

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VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

Admitted Mar 17 –

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03011

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 14 days –
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland – COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mary Del.
STREET ADDRESS (If rural, give location) Rural –

3. NAME OF DECEASED (Type or Print) (First) Clayton (Middle) (Last) Carter

4. DATE OF DEATH (Month) 3 (Day) 31 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-21-1880
9. AGE last birthday 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Greensboro Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr John Carter
14. MOTHER'S MAIDEN NAME Elizabeth Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 213-22-8220
17. INFORMANT Mrs Bessie Carter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
334	Immediate cause	(a) apoplexy	3 weeks
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis, generalized	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1949 to 3/31, 1949, that I last saw the deceased alive on 3/31, 1949 and that death occurred at 8 25 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Easton Md DATE SIGNED 4/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 4/4/49
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro (State) Md.

DATE REC'D BY LOCAL REG. 4/1/49
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

03012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Andrew (Last) Davidson

4. DATE OF DEATH (Month) March (Day) 6 (Year) 1949

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-27-1948
9. AGE last birthday — yrs. If under 1 year Months 2 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Andrew Davidson (OVER)
14. MOTHER'S MAIDEN NAME Rose Chase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Rose Davidson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
475	Immediate cause	(a) Bronchopneumonia	2 days
	Antecedent cause(s)		
107	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Upper Respiratory Infection	4 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1949, to 3-6, 1949, that I last saw the deceased alive on 3-5, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE Martin F. Buell (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED 3-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/8/49
NAME OF CEMETERY OR CREMATORY Williamsburg
LOCATION (City, town, or county) Trappe, Md. (State) RD

DATE REC'D BY LOCAL REG. 3/8/49
REGISTRAR'S SIGNATURE P. H. Nerriss
24. FUNERAL DIRECTOR Earl W. Stafford ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

FATHER'S NAME STATED AS ALEXANDER LEWIS DAVIDSON ON BIRTH CERT. — NOTE FROM DR. BUELL CONFIRMS THAT THE FATHER IS KNOWN AS BOTH.

4-16-49
ALT.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03013

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A. (Last) Dobson

4. DATE OF DEATH (Month) March (Day) 21 (Year) 1949

5. SEX M

6. COLOR OR RACE B

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, ~~(Specify)~~

8. DATE OF BIRTH abt 1867

9. AGE last birthday 82 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not available

14. MOTHER'S MAIDEN NAME Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT McKenley Brooks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epilepsy — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

450.0

Antecedent cause(s)

85

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) no

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) Easton (COUNTY) Talbot (STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐ no

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from Mar 16, 1949, to Mar 21, 1949, that I last saw the deceased alive on Mar 21, 1949, and that death occurred at 8 15 P.m., from the causes and on the date stated above.

SIGNATURE A. McC. Stevens (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3-22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 3/24/49

NAME OF CEMETERY OR CREMATORY Williamsburg

LOCATION (City, town, or county) Easton Md R.D. (State)

DATE REC'D BY LOCAL REG. 3/22/49

REGISTRAR'S SIGNATURE N.H. Neerus

24. FUNERAL DIRECTOR Leon W Henry ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03014

CERTIFICATE OF DEATH

Reg. Dist. No. 290

M

The certificate must be filled in with permanent ink. Please write plainly, with unfading ink. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place) 1/2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; STREET ADDRESS (If rural give location) 303 Harrison St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Josephine	Price	Foley	3	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	widowed	7/17/1859	90 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	—	Vienna Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Wells Price	Elizabeth Seymour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Nieta Foley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerosis, generalized	?
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	?
	(c)	

450.0 97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 40, to 3/26/, 19 49, that I last saw the deceased alive on 3/22/, 19 49, and that death occurred at 4 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. B. Cop	M.D.	Easton Md	3/28/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3/29/49	East New Market	East New Market	Dor. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/28/49	M. H. Merrick	H. D. Hollyday & Son	Hurlock Md

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

272

03015

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford (Rural) — LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Olive (Middle) Jenette (Last) Granger

4. DATE OF DEATH: (Month) Mar. (Day) 22 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: FEB-4-1876

9. AGE last birthday: 73 yrs. If under 1 year: Months 1 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oxford Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles W. Dobson

14. MOTHER'S MAIDEN NAME: Anna E. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: George Granger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260 Immediate cause (a) Arteriosclerotic Heart Disease — Interval: ?

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — Interval: 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948 to 3/22/1949, that I last saw the deceased alive on 3/15, 1949, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE: M Cox M D (Degree or title) ADDRESS: Easton Md DATE SIGNED: 3/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar. 24, 1949 — NAME OF CEMETERY OR CREMATORY: Oxford — LOCATION (City, town, or county): Oxford, (State) Md.

DATE REC'D BY LOCAL REG. 3/23/49 — REGISTRAR'S SIGNATURE: N. A. Nevius

24. FUNERAL DIRECTOR: Maurice E. Pierson & Son — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

Evidence for addition of #18 on:

03016

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Diane (Middle) Elizabeth (Last) Haines
4. DATE OF DEATH (Month) March (Day) 25 (Year) 1949
5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/24/49 8:10 pm
9. AGE last birthday — yrs. If under 1 year Months — Days — If under 24 hrs Hours 12 Min. 35
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Frank ~~Haines~~ Hines
14. MOTHER'S MAIDEN NAME Ella Ramona Haines
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Ella Haines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Anoxemia at birth

762.0 Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Infarcts — 10 hrs.

(c) Death due to asphyxiation. (4/26/49 S)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhagic Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1949, to 3-25, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE John E Beyburth (Degree or title) MD ADDRESS 214 Dover St Easton Md DATE SIGNED 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE 3/26/49 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) (State) Memorial Hosp. Easton Md

DATE REC'D BY LOCAL REG. 3/26/49 REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03017

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgely; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) May (Last) Hopkins

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: March 11, 1887

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H-W

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William P. Elbert

14. MOTHER'S MAIDEN NAME: Hannah Pasko

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Harry C. Hopkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 3 days

332 Antecedent cause(s)

831 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Mar, 1949, to 3 Mar, 1949, that I last saw the deceased alive on 3 Mar, 1949, and that death occurred at 2:45 pm. m., from the causes and on the date stated above.

SIGNATURE (Mrs Ira Harrison) (Degree or title) M.D. ADDRESS Easton, Maryland DATE SIGNED 4 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar 6, 1949 — NAME OF CEMETERY OR CREMATORY Greensboro — LOCATION (City, town, or county) Greensboro (State) Md

DATE REC'D BY LOCAL REG. 3/3/49 — REGISTRAR'S SIGNATURE N. D. Nevins

24. FUNERAL DIRECTOR J. Virgil Moore — ADDRESS Denton, Md.

RECEIVED
MAR 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03018

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Talbot Easton, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Mem Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Talbot COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) A (Last) Jump

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 5/4/75

9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY HW

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Alexander R. Austin

14. MOTHER'S MAIDEN NAME Ellen Hoover

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mr John W. D Jump

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Occlusion	5 minutes
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic coronary disease	2 yrs (?)
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1949, to 3/27, 1949, that I last saw the deceased alive on 3/27, 1949, and that death occurred at 7 45 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 3/31/49 NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) Chester (State)

DATE REC'D BY LOCAL REG. 3/28/49 REGISTRAR'S SIGNATURE N. H. Neeries

24. FUNERAL DIRECTOR [signature] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03010 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot Co - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 hr - 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Queen Anne Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown
STREET ADDRESS (If rural, give location) Rt. I — rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Edward	Lord	March	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1-25-17	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Queen anne County
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herman Lord
14. MOTHER'S MAIDEN NAME: Mary Pindell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Sarah Lord

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Surgical shock

866.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

173 (b) Multiple head injuries, fractures extremities

(c) Airplane accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	pr	Grasonville	Q.A.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
3	6	49	2 P m.			Airplane crash

22. I hereby certify that I ~~attended the deceased~~ from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 4:10 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis Mealy MD	DMR.	Easton Md	3-7-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/9/49	Chesterfield	Centreville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/7/49	M.A. Nevins	Barton Bros	Centreville Md.

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03020

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak; MARYLAND; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	Mae	Lowery	March	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	Colored	married	May 10 1883	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Domestic	Royal Oak Md	U.S.A.

13. FATHER'S NAME John Campbell

14. MOTHER'S MAIDEN NAME Mary Clara Hayward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Frank Lowery

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) Cerebral apoplexy

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) –

(c) –

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
–				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from – , 19....., to – , 19....., that I last saw the deceased alive on – , 19....., and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr J Perkins MD ADDRESS Royal Oak Md. DATE SIGNED 3/22/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
buried	March 23 '49	St Paul's Cemetery	Easton R D	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/22/49	N.D. Dennis	John D Williams	

RECEIVED
MAR 28 1949
BUREAU OF V. S.

03121

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 MAR 15 1949

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Md.; LENGTH OF STAY (In this place) Eight years; HOSPITAL OR INSTITUTION OR STREET ADDRESS No.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Md.; STREET ADDRESS (If rural, give location) No.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) H. (Last) Miller

4. DATE OF DEATH: (Month) March (Day) 4, (Year) 1949

5. SEX: male

6. COLOR OR RACE: a a

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 11, 1895

9. AGE last birthday: 53 54 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas A. Miller

14. MOTHER'S MAIDEN NAME: Rosetta Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) War I

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Sarah Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Punctured lung caused by 2 fractured ribs — Interval Between Onset and Death: 30 days

901.1 Antecedent cause(s)

1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fall from a high ladder — 30 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Canterbury Farm (CITY OR TOWN) Easton (COUNTY) Md. R.F.D. (STATE) Talbot

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 4, 1949 P m.

INJURY OCCURRED While at Work X Not While At work ☐

HOW DID INJURY OCCUR: Fall from a high ladder

22. I hereby certify that I attended the deceased from Feb. 4, 1949, to Mar. 4, 1949, that I last saw the deceased alive on Mar. 4, 1949, and that death occurred at 6.20 P m., from the causes and on the date stated above.

SIGNATURE: Hayward T. Webb, M.D. (Degree or title) ADDRESS: 633 Dover St Easton, Md. DATE SIGNED: 3/5/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Mar. 7, 1949 | NAME OF CEMETERY OR CREMATORY: Odd Fellows | LOCATION (City, town, or county) (State): Oxford Md.

DATE REC'D BY LOCAL REG.: 3/5/49 | REGISTRAR'S SIGNATURE: N.A. Nevins

24. FUNERAL DIRECTOR: James F. Stewart ADDRESS: Salisbury, Md.

VS. A15

RECEIVED
MAR 9 1949
BUREAU V. S.

03022

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Mem. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tilghman
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Lindale (Last) Murphy Jr.
4. DATE OF DEATH (Month) March (Day) 19 (Year) 1949.
5. SEX M
6. COLOR OR RACE White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)
8. DATE OF BIRTH 1927
9. AGE last birthday 22 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Tilghman Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Lindale Murphy Sr.
14. MOTHER'S MAIDEN NAME Beatrice Garvin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) 2 yrs.
16. SOCIAL SECURITY NO.
17. INFORMANT J. Leeds Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

822.5 Immediate cause (a) Fractured skull & neck

170 C Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) No-way (CITY OR TOWN) on Federalsburg (COUNTY) Car. (STATE) Md.
TIME OF INJURY (Month) 3 (Day) 18 (Year) 49 (Hour) c11P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto accident - overturned

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at c 12 m., from the causes and on the date stated above.

SIGNATURE Louis J Welty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 3-19-49

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE 3-21-49 NAME OF CEMETERY OR CREMATORY Tilghman Meth. LOCATION (City, town, or county) Tilghman Talbot (State) Md

DATE REC'D BY LOCAL REG. 3/20/49 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J. Leeds Moore ADDRESS Tilghman Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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L451
22
1949

RECEIVED
MAR 24 1949
BUREAU V. S.

Dr Noble
Don't get permit in Easton. 03023

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH· COUNTY: Talbot — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: St. Michaels — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Gilbert	(Middle) F.	(Last) Newnam	4. DATE OF DEATH	(Month) Mar.	(Day) 26	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Sept 5, 1906	9. AGE last birthday: 42 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician	10b. KIND OF BUSINESS OR INDUSTRY: Electrician	11. BIRTHPLACE (State or foreign country): Neavitt, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Walter T. Newnam. Neavitt, Md.	14. MOTHER'S MAIDEN NAME: Anna C. Niblet, Neavitt, Md.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: 219-01-5210	17. INFORMANT: Mrs. Gilbert Newnam, St. Michaels, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157 Immediate cause (a) Carcinoma head of pancreas? — 5 Mo.

Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/3/49 3/1/49	19b. MAJOR FINDINGS OF OPERATION: Carcinoma head of pancreas	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify): No	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to March, 1949, that I last saw the deceased alive on 3/23, 1949, and that death occurred at 3/26/49 m., from the causes and on the date stated above.

SIGNATURE: Wm. J. Noble (Degree or title) — ADDRESS: Easton, Md — DATE SIGNED: 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Mar. 29, 49	NAME OF CEMETERY OR CREMATORY: Olivet Cemetery	LOCATION (City, town, or county) (State): St. Michaels. Md.
DATE REC'D BY LOCAL REG.: 3/29/49	REGISTRAR'S SIGNATURE: Mrs Robt. L. Secht	24. FUNERAL DIRECTOR: Newnam & Harrison, St. Michaels, Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 30 1949
BUREAU V. S.

03024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH
COUNTY Talbert Ca MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nearst Trapp
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Trappe
STREET ADDRESS (If rural give location) RD

3. NAME OF DECEASED (Type or Print) (First) Jake Purnell (Middle) Purnell (Last)

4. DATE OF DEATH (Month) Mar (Day) 24 (Year) 1949

5. SEX Mle
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Dont kno
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY war
11. BIRTHPLACE (State or foreign country) Snow Hill md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Henry Purnell
14. MOTHER'S MAIDEN NAME Dont kmow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George W Purnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 days

830 Antecedent cause(s) (b) Arteriosclerosis — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 12th 1949, to March 24 1949, that I last saw the deceased alive on Mar 20th 1949, and that death occurred at 3.30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William S. Seymour ADDRESS Trappe Md. DATE SIGNED 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/26/49
NAME OF CEMETERY OR CREMATORY Trapp
LOCATION (City, town, or county) Trapp (State)

DATE REC'D BY LOCAL REG. 3/25/49
REGISTRAR'S SIGNATURE N. H. Nerrees
24. FUNERAL DIRECTOR Lewis H Bayman ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03025

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH

COUNTY: Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton

LENGTH OF STAY (in this place): MARYLAND

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland

COUNTY: Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) BOY (Last) ROWENS

4. DATE OF DEATH: (Month) MARCH (Day) 15 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: MARCH 14, 1949

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 21 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles Robert Rowens

14. MOTHER'S MAIDEN NAME: Elizabeth Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Elizabeth Rowens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

771.5 **Immediate cause** (a) Hemorrhagic Disease of Newborn

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 21 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1949, to 3-15, 1949, that I last saw the deceased alive on 3-15, 1949, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE: John E Baybutt (Degree or title): MD ADDRESS: 214 Dover St Easton, Md DATE SIGNED: 3-16-49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation DATE: 3/16/49 NAME OF CEMETERY OR CREMATORY: Memorial Hospital LOCATION (City, town, or county): Easton (State): Md

DATE REC'D BY LOCAL REG.: 3/16/49 REGISTRAR'S SIGNATURE: N. A. Meeries

24. FUNERAL DIRECTOR: Memorial Hospital ADDRESS: Easton Md

RECEIVED
MAR 23 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03026

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot - Easton R.D. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earl/Easton — LENGTH OF STAY (in this place) 7 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Longwoods.

3. NAME OF DECEASED (Type or Print) (First) Mary	(Middle) N.	(Last) Slaughter	4. DATE OF DEATH (Month) March	(Day) 15	(Year) 1949		
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 3 1858	9. AGE last birthday 90 yrs.	If under 1 year Months 4	Days 12	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) Talbot County, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.				
13. FATHER'S NAME Skinner Collier		14. MOTHER'S MAIDEN NAME Sarah Rebecca Pennington					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT Mrs. Luther Rowens					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — less

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arterio-Sclerosis — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1948, to 3-15, 1949, that I last saw the deceased alive on 3-15, 1949, and that death occurred at 5 15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin F Buell	M.D.	Easton Maryland	3-17-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial	DATE March 17, 1949	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton, Talbot (State) Md.
DATE REC'D BY LOCAL REG. 3/17/49	REGISTRAR'S SIGNATURE N. H. Neeries	24. FUNERAL DIRECTOR [illegible]	ADDRESS

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03027

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot Easton MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp. Easton, Md	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) A	(Last) Smith	4. DATE OF DEATH	(Month) March	(Day) 3	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W	8. DATE OF BIRTH 8/2/1872	9. AGE last birthday 76 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Jersey	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Adrian Smith	14. MOTHER'S MAIDEN NAME Helen Whittemore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mr Sanford Smith					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure due to arteriosclerotic heart disease	6 days
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of prostate	1 year
	Carcinoma of sigmoid colon	2 mos

177

51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 22 Feb 49	19b. MAJOR FINDINGS OF OPERATION Intestinal obstruction	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to 3 Mar, 1949, that I last saw the deceased alive on 3 Mar, 1949, and that death occurred at 2 43 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thurston Harrison	M.D.	Easton Maryland	4 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/7/49	Spring Hill	Easton Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/3/49	N. H. Nerrus	[illegible]	Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU U. S.
1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03028

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton R.F.D. — LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Talbot md R.2 D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frances	Emma	Smith	Mar.	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	C	single	Jan. 29, 1949	0 yrs.	1	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Easton Talbot md	American

13. FATHER'S NAME: Walter Dyson

14. MOTHER'S MAIDEN NAME: Ethelyn Marie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Ethelyn Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 **Immediate cause** (a) Bronchopneumonia — 4 da.

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis J Mealey	M.D.	Easton Md	3-11-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/12/49	Potterfield	Easton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/14/49	D.H. Dennis	Earl W. Stafford	Easton

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03029

Reg. Dist. No. 290

1. PLACE OF DEATH · COUNTY Talbot Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 31 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) M (Middle) Earle (Last) Stafford
4. DATE OF DEATH (Month) March (Day) 12 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-24-84
9. AGE last birthday 64 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Queen Anne County
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr Wm B. Stafford
14. MOTHER'S MAIDEN NAME Mother Rose
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs May Stafford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
421.1	Immediate cause	(a) Coronary Occlusion	Few minutes
	Antecedent cause(s)		
92a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic coronary disease	2 yrs (?)
		(c) Aortic Regurgitation	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1948, to 3-12-, 1949, that I last saw the deceased alive on 3-12-, 1949, and that death occurred at 8 p m., from the causes and on the date stated above.

SIGNATURE P E Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 3/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/15/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 3/14/49
REGISTRAR'S SIGNATURE N. H. Nevins
24. FUNERAL DIRECTOR John D. Williams ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03020 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, — LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Barbara (Middle) June (Last) Stolzenbach

4. DATE OF DEATH: (Month) March (Day) 14 (Year) 19 49

5. SEX: F — 6. COLOR OR RACE: W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S — 8. DATE OF BIRTH: 8/2/48 — 9. AGE last birthday: yrs. — If under 1 year: Months. 6 mo — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Balto. Md — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Albert Stolzenbach — 14. MOTHER'S MAIDEN NAME: Mary Deary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mary L. Stolzenbach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

491 Immediate cause (a) Bronchopneumonia

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe Malnutrition — 7 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9-, 1949, to 3-14., 1949, that I last saw the deceased alive on 3-14., 1949, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John L Barbutt M.D. 214 Dover St Easton Md 3-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/17/49 — NAME OF CEMETERY OR CREMATORY: Hill Crest — LOCATION (City, town, or county) (State): Federalsburg Md

DATE REC'D BY LOCAL REG. 3/15/49 — REGISTRAR'S SIGNATURE: N. H. Nevins

24. FUNERAL DIRECTOR — ADDRESS: J. J. Frampton & Son, Federalsburg, Maryland

RECEIVED
MAR 2? 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03031

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 15 hr 25 min	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) (Last) Thomas			4. DATE OF DEATH (Month) March (Day) 28, (Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married.	8. DATE OF BIRTH abt 1885	9. AGE last birthday 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wittman, Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mr Joseph Haddaway			14. MOTHER'S MAIDEN NAME Emily A. Haddaway	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mrs O. H. Ledman, Wittman, Md	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
260	Immediate cause	(a) Pneumonia, Lobar, Left	2 days
61	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetic Coma	1 day
		(c) Diabetes mellitus	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/27/, 1949, to 3/28/, 1949 that I last saw the deceased alive on 3/29/, 1949, and that death occurred at 11 25 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Cox	M-D.	Easton Md	3/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 3/30/49	NAME OF CEMETERY OR CREMATORY St. Michaels	LOCATION (City, town, or county) St. Michaels	(State) Md
DATE REC'D BY LOCAL REG. 3/29/49	REGISTRAR'S SIGNATURE N. H. Nevius	24. FUNERAL DIRECTOR Norman D. Marshall	ADDRESS St. Michaels Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 5 1949
BUREAU-T. S.

03032

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~Easton Mem Hosp Easton, Md~~

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Wapples ~~(Last)~~

4. DATE OF DEATH (Month) March (Day) 27 (Year) 1949

5. SEX F — 6. COLOR OR RACE B — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓ — 8. DATE OF BIRTH June 1, 1902 — 9. AGE last birthday 47 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Delaware — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Jackson — 14. MOTHER'S MAIDEN NAME Sally Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. 220-01-8746 — 17. INFORMANT Edith Palmer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 Immediate cause (a) Apoplexy — 1 day

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — ?

(c) Diabetes mellitus — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1949, to 3/27, 1949, that I last saw the deceased alive on 3/27, 1949, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE P E Cox — (Degree or title) M.D. — ADDRESS Easton Md — DATE SIGNED 3/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Mar 30, 1949 — NAME OF CEMETERY OR CREMATORY Denton Colored — LOCATION (City, town, or county) Denton, Caroline, Md. (State)

DATE REC'D BY LOCAL REG. 3/28/49 — REGISTRAR'S SIGNATURE N.H. Neerus — 24. FUNERAL DIRECTOR Charles V. Moore, Denton, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03033

CERTIFICATE OF DEATH

Reg. Dist. No. 791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman Md; STATE MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bozman Md.; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Lewis	Weaver	Mar.	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married	Sept 28 1905	43 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Service Employee	Photo Products	Pa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert P. Weaver	Elma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No		Mrs Lewis Weaver, Bozman Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Metastatic Carcinoma	1 year
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

154 46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1948	Carcinoma of Rectum.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-9, 1949, to 3-1, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at 5.05 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin J Burd	M.D.	Easton Maryland	3-2-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3/5/49	Youngwood Cemetery	Youngwood	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/2/49	M.H. Peters	Newnam & Harrison	St. Michaels Md

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

3/10

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03034

CERTIFICATE OF DEATH

Reg. Diat. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days 3 hrs 10 min

Hospital, institution, or street address where death occurred:

Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Susan Lynn Baby Girl Whittington

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	

6.(b) Name of husband or wife ~~Richard Whittington~~

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 10 - 1949

8. AGE: Years	Months	Days	If less than one day
		5	7 hrs. 10 min.

9. Birthplace Easton, Md - Talbot

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Richard Lawrence Whittington

13. Birthplace Crisfield, Md

MOTHER 14. Maiden name Janice Elizabeth Wilson

15. Birthplace Easton, Md

16. Informant Janice Eli Wilson

Address St. Michaels

17. Burial Date thereof 3/16/49

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Easton Md

18. Funeral director Norman D. Marshall

Address St. Michaels, Md.

19. 3/16 1949 N. D. Marshall

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-15- 1949 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/10/ 1949 to 3-15- 1949 and that I last saw him alive on 3/15/49 1949

Immediate cause of death	DURATION
Meningo-myelocele	Congenital
Due to Lumbar Spina Bifida	Congenital
Due to	
Other conditions	

751

757b (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. Cooper M.D.

M. D. or other

Address Easton Md Date signed 3/16/49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 23 1949
BUREAU V. S.

03035

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bozman Md. R D
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Mrs Ida (Middle) S (Last) Willey

4. DATE OF DEATH (Month) March (Day) 8 (Year) 1949

5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)
8. DATE OF BIRTH: 4/18/1870
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: H W
11. BIRTHPLACE (State or foreign country): Talbot County
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr John Leonard
14. MOTHER'S MAIDEN NAME: Emma Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mrs Ida B. Willey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3rd degree burns - 90% of body — 14 hrs

916.0 Antecedent cause(s)

181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Clothing caught fire from stove

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — near Bozman (CITY OR TOWN) — Talbot (COUNTY) — Md (STATE)
TIME OF INJURY (Month) 3 (Day) 7 (Year) 49 (Hour) 12 N. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Caught fire from stove

22. I hereby certify that I ~~attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2 45 A m., from the causes and on the date stated above.

SIGNATURE: Louis Schultz MD. (Degree or title) DMC — ADDRESS: Easton Md — DATE SIGNED: 3-8-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 3/9/49 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county): St. Michaels. (State): Md

DATE REC'D BY LOCAL REG.: 3/8/49 — REGISTRAR'S SIGNATURE: N. H. Neirus — 24. FUNERAL DIRECTOR: Newnam & Harrison — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S